



# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/27/2014

Business ID: 222364

William M. Gardner

Secretary of State

MOTO TASSINARI, INC.

4 TECHNOLOGY DRIVE

WEST LEBANON, NH 03784

ADDRESS OF PRINCIPAL OFFICE:

4 TECHNOLOGY DRIVE

WEST LEBANON, NH 03784

REGISTERED AGENT AND OFFICE:

TASSINARI, SCOTT

4 TECHNOLOGY DRIVE

WEST LEBANON, NH 03784

ENTITY TYPE: CORPORATION

BUSINESS ID: 222364

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURING REED CAGES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Scott Tassinari

STREET 4 Technology Dr.

CITY/STATE/ZIP West Lebanon Nh 03784

TREAS. Scott Tassinari

STREET 4 Technology Dr.

CITY/STATE/ZIP West Lebanon Nh 03784

V-PRES. Steven Tassinari

STREET 4 Technology Dr.

CITY/STATE/ZIP West Lebanon Nh 03784

NAME .....

STREET .....

CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Steven Tassinari

STREET 4 Technology Dr.

CITY/STATE/ZIP West Lebanon Nh 03784

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Scott Tassinari

Please print name and title of signer:

Scott Tassinari

/

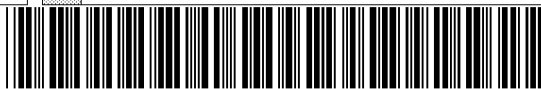
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



022236420141007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301